

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10 826 456

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT		APPLICANT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		APPLICANT		APPLICANT	
	CHD	DEP	CHD	DEP	CHD	DEP
51		/				
52		/				
53		/				
54		/				
55	/					
56		/				
57		/				
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95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	15					
TOTAL DEP.	68					
TOTAL CLAIMS	83					